

INDIANA DEPARTMENT OF CORRECTION
AGREEMENT FOR RECOUPING TUITION REIMBURSEMENT PAYMENTS

Agreement:

As a condition of receiving educational assistance, I agree to continue employment with the Indiana Department of Correction for at least eighteen (18) months after the completion of _____ (name of course). In the event I voluntarily leave employment with DOC prior to the expiration of the eighteen month period for any reason, I will repay the amount of tuition reimbursement that I received for the above named course. The amount will be prorated by dividing the amount I received by 18 months, and then multiplied by the number of months remaining in the period I agreed to remain employed.

I UNDERSTAND AND AGREE THAT NOTHING HEREIN SHALL BE CONSTRUED AS A CONTRACT OR PROMISE OF CONTINUED EMPLOYMENT, OR NEGATE, IF APPLICABLE, MY AT-WILL EMPLOYMENT STATUS.

Employee's Signature

Date

HR, Director's Signature

Date